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CONFIRMATION NO. 8369

<b>SERIAL NUMBER</b> 10/690,880	<b>FILING OR 371(c) DATE</b> 10/22/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> CPMC-033/01US	
<b>APPLICANTS</b> Nancy M. Lee, San Francisco, CA; Ling C. Chen, Fremont, CA; <i>OK</i> <b>** CONTINUING DATA *****</b> <i>add</i> This appln claims benefit of 60/488,660 07/18/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/24/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and <i>Walter L. Skellern</i> Acknowledged Examiner's Signature Initials.		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 95	<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> 23419					
<b>TITLE</b> Biomarker panel for colorectal cancer					
<b>FILING FEE RECEIVED</b> 1426	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		